

KAUTH, POMEROY, PECK & BAILEY LLP
5 CORPORATE PARK
SUITE 270
IRVINE, CA 92606
PHONE: 949.852.0000
FAX: 949.852.0004

RECEIVED
CENTRAL FAX CENTER
AUG 10 2007

FACSIMILE

Date: August 10, 2007

No. of pages (including cover): 2

Fax No.: 571.273.8300

To: Commissioner for Patents

From: John W. Peck, Ph.D.

Re: Applicant: Laurence M. McKinley
Application No.: 10/715,688 *J.W.*
Patent No.: 7,226,413
Filed: 11/17/2003
Issued: 06/05/2007
Title: NERVE ROOT EXTRACTOR AND SUCKER
File: M4:00407

I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE ON August 10, 2007.


Trudi Thompson

Correspondence:

1. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address

CONFIDENTIAL

The information in this transmission is confidential and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone collect, and return the original message to us at the above address via U.S. mail. We will reimburse you for postage. Thank you.

RECEIVED
CENTRAL FAX CENTER

AUG 10 2007

PTO/SB/82 (01-08)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/715,685 / 7,226,413
Filing Date	11/17/2003 / 08/05/2007
First Named Inventor	Laurence M. McKinley
Art Unit	3732
Examiner Name	Cary E. O'Conner
Attorney Docket Number	M4:00407

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

71897

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

71897

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Laurence M. McKinley

Date

August 25 2007

Telephone

760 489 2379

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.